U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official See Cont

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1 1N27206	LLY BEFORE PREPARING THIS REPORT.
E QMEDIO	
1. File Number U - 7363	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Robert G BOQUIST	Name LABORERS LOCAL 268
	Labor Organization File Number 54/298/
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street W659 SHARPTAIL OR	Street 2233 BIRCH STREET
City GLEASON	City EAU CLAIRE
State WISCONSIN ZIP Code +4 54435	State W \$5000510 ZIP Code + 4 59703
5. Position in labor organization. FIELD REP. > PR	FSIDENIT 3460
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
(except as specified in the exclu	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of
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Name of Person Filing Robert G BOOK!	5T File Number U- 2363
B. Held an interest in or derived income or economic benefit with monetary visusstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Zenith Administrator Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7645 Metro Boulevard City Minnesote ZIP Code +4 55439	9. Business deals with: a. Labor Organization b. Trust c. Employer
30 66	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Wisconsin Laborers Health & Pension	Health & Pension funds
parameter and the second secon	Administers for Wisconsin
Trade Name, if any:	Laborers Heatth & Pension fund
P.O. Box, Bldg., Room No., if any	
0-1 4/23 / 7/11/A 1/10 5. 70 201	
street 4633 LIUNA way Suite 201	11.b. Approximate dollar value of such dealing.
city Deforest	12.a. Nature of interest held or income received.
State WISCONSIN ZIP Code + 4 53532 8516	Zenith Administration Annual golfing I Round golf Dinner, Hat windbreaker, 3golf bells
	12.b. Amount. \$1,50,00
	The state of the s
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
t and the state of	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.